

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09532,263</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		1					53						
4		1					54						
5		1		1			55						
6							56						
7							57						
8		1		1			58						
9		1		1			59						
10							60						
11		2		2			61						
12	1		1				62						
13	1						63						
14		1					64						
15		1					65						
16							66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22							72						
23							73						
24		1					74						
25		1					75						
26	1						76						
27							77						
28		1					78						
29		2					79						
30							80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		2				TOTAL IND.						
TOTAL DEP.	18		9				TOTAL DEP.						
TOTAL CLAIMS	23		11				TOTAL CLAIMS						